

<i>SERFF Tracking Number:</i>	<i>GRTT-127701250</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50120</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002 Dread Disease</i>
<i>Product Name:</i>	<i>G1130 / G1131 Lump Sum</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: G1130 / G1131 Lump Sum	SERFF Tr Num: GRTT-127701250	State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved- Closed	State Tr Num: 50120
Sub-TOI: H07I.002 Dread Disease	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Rosalind Minor

Author: Theresa Tyc	Disposition Date: 10/28/2011
Date Submitted: 10/27/2011	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing has been concurrently filed in Guarantee Trust Life's state of domicile, Illinois, on Sept. 28, 2011.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/28/2011
	State Status Changed: 10/28/2011
Deemer Date:	Created By: Theresa Tyc
Submitted By: Theresa Tyc	Corresponding Filing Tracking Number:
Filing Description:	
Dear Sir or Madame:	

We are submitting the above-captioned forms and rates for the Department's review and approval.

These are new forms and are not intended to replace any previously approved forms. They will be used on a general basis. The actuarial memorandum, filing exhibits and premium rates are included. The outline of coverage is also included for informational purposes.

SERFF Tracking Number: GRTT-127701250 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50120
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: G1130 / G1131 Lump Sum
Project Name/Number: /

Policy form G1130 is a specified disease policy which pays a lump sum benefit for a first diagnosis of cancer. Applicants may choose from a benefit range of a minimum of \$10,000, increasing in \$5,000 increments, up to a maximum benefit of \$75,000. The policy includes a reoccurrence benefit in the event cancer reoccurs after a one year period of remission. The reoccurrence benefit percentage is a minimum of 10% to a maximum of 100% of the first diagnosis lump sum benefit, dependent upon the number of years elapsed from the date we paid benefits for the first diagnosed cancer.

Policy form G1131 is a specified disease policy which pays a lump sum benefit for a first diagnosis of a heart attack or stroke. Applicants may choose from a benefit range of a minimum of \$10,000, increasing in \$5,000 increments, up to a maximum benefit of \$75,000. The policy includes a reoccurrence benefit in the event a subsequent heart attack or stroke occurs / reoccurs. The reoccurrence benefit percentage is a minimum of 10% to a maximum of 100% of the first diagnosis lump sum benefit, dependent upon the number of years elapsed from the date of the first diagnosed heart attack or stroke. The policy also includes a limited benefit for coronary angioplasty or coronary artery bypass surgery. The benefit is the equivalent of 10% of the first diagnosis lump sum benefit amount.

Benefit Rider RG11LSHAS provides the same benefits as the stand-alone policy form G1131, and is available to applicants who apply for the lump sum cancer policy form, G1130.

The following previously filed and approved benefit riders will also be made available at solicitation:

1. Therapy and Wellness Benefit Rider, form RG10CTW
2. Intensive Care Unit Benefit Rider, form RG10IC
3. Return of Premium (payable at end of specified term of 15, 20, or 25 years; or upon death), forms RG10ROP15, RG10ROP20, RG10ROP25, and RG10ROPD

The above referenced benefit riders were authorized for use under SERFF Tracking No.GRTT-126936407 with a disposition date of 3/18/2011.

Application APPH2-11 will be used in solicitation of these products. Section B of this application is being filed as variable. (Please refer to the statement of variability.) It is not our intention to make any changes to this application that would cause it to be out of compliance with any statutory requirements.

A Statement of Variability explains all of the different options offered under the policy and riders.

The policy will be marketed to individuals by contracted agents and brokers.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. In addition, the application may be reproduced electronically which could result in formatting changes. While every effort is made to

SERFF Tracking Number: GRTT-127701250 State: Arkansas
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 Limited Benefit
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submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Should you have any concerns or comments, please do not hesitate to contact me at 847-460-4783.

As always, Guarantee Trust Life sincerely appreciates the Department's time in reviewing this filing and its consideration for approval.

Thank you.

Company and Contact

Filing Contact Information

Theresa Tyc, Assistant Vice President tatyc@gtlic.com
 1275 Milwaukee Ave. 847-460-4783 [Phone]
 Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

Guarantee Trust Life Insurance Company	CoCode: 64211	State of Domicile: Illinois
1275 Milwaukee Avenue	Group Code: 687	Company Type: Mutual
1275 Milwaukee Avenue	Group Name:	State ID Number:
Glenview, IL 60025	FEIN Number: 36-1174500	
(847) 460-4772 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	4 forms x \$50 IL retaliatory filing fee = \$200.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$200.00	10/27/2011	53268186

SERFF Tracking Number:	GRTT-127701250	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	50120
Company Tracking Number:			
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	G1130 / G1131 Lump Sum		
Project Name/Number:	/		

Disposition

Disposition Date: 10/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Guarantee Trust Life Insurance Company	%	%	\$		\$	%	%

SERFF Tracking Number: GRTT-127701250 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50120

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit

Product Name: G1130 / G1131 Lump Sum

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Cancer Lump Sum and Reoccurrence Benefit Policy	Approved-Closed	Yes
Form	Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Policy	Approved-Closed	Yes
Form	Heart Attack or Stroke Lump Sum and Reoccurrence Benefit Rider	Approved-Closed	Yes
Form	Application for Specified Disease	Approved-Closed	Yes
Rate	Premium Rate Sheets	Approved-Closed	Yes

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TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit

Product Name: G1130 / G1131 Lump Sum

Project Name/Number: /

Form Schedule

Lead Form Number: G1130

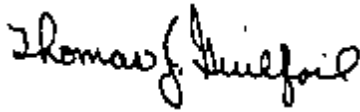
Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Status						
Approved-Closed 10/28/2011	G1130-AR	Policy/Cont Cancer Lump Sum ract/Fratern and Reoccurrence al Benefit Policy Certificate	Initial		52.300	G1130-AR.pdf
Approved-Closed 10/28/2011	G1131-AR	Policy/Cont Heart Attack or ract/Fratern Stroke Lump Sum al and Reoccurrence Certificate Benefit Policy	Initial		52.900	G1131-AR.pdf
Approved-Closed 10/28/2011	RG11LSHAS	Policy/Cont Heart Attack or ract/Fratern Stroke Lump Sum al and Reoccurrence Certificate: Benefit Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46.200	RG11LSHAS.pdf
Approved-Closed 10/28/2011	APPH2-11	Application/ Application for Enrollment Specified Disease Form	Initial		42.000	APPH2-11.pdf

**GUARANTEE TRUST LIFE
INSURANCE COMPANY**
A Mutual Company
1275 Milwaukee Avenue,
Glenview, Illinois 60025
(847) 699-0600

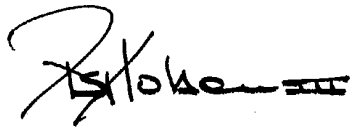
**CANCER POLICY
LUMP SUM BENEFITS**
*FIRST DIAGNOSIS
AND REOCCURRENCE
BENEFIT PAYMENTS*

**THIS IS A LEGAL
CONTRACT BETWEEN
YOU AND US. READ YOUR
POLICY CAREFULLY.**

Signed for Guarantee Trust Life
Insurance Company, at its Home
Office, by:



Secretary



President

Licensed Resident
Agent

WE PROMISE to insure all Covered Persons for the benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first Premium. The application is attached to and made a part of this Policy.

GUARANTEED RENEWABLE FOR LIFE: You may keep this Policy in force during Your entire lifetime by paying Premiums when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

If You have any problems, complaints or questions concerning this Policy, please write Us at the above address or call us at 800 338-7452. If We are unable to satisfy You, You may write the Arkansas Consumer Services Division, Department of Insurance, 1200 W. Third Street, Little Rock, AR 72201-1904 or call 800 282-9124.

PREMIUMS SUBJECT TO CHANGE: We may change Your premium rates for this Policy. We will give You at least thirty-one (31) days prior written notice of any change in the renewal premium. We can change the premium this way only if We change it on a class basis for all policies issued on this form in Your state.

YOUR RIGHT TO EXAMINE THIS POLICY FOR 10 DAYS: It is important to us that you are satisfied with this Policy. If you are not satisfied with this Policy, you may return it to us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and return any premiums You have paid.

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**THIS POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION
THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the Company.

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GUARANTEE TRUST LIFE INSURANCE COMPANY
Glenview, Illinois 60025

POLICY SCHEDULE

POLICY NUMBER: [GTA00012] TYPE OF COVERAGE: [FAMILY]
EFFECTIVE DATE: [JUNE 1, 2011] MODE SELECTED: [ANNUAL]
STATE OF ISSUE: [ARKANSAS]
INSURED: [JOHN DOE] AGE AT ISSUE: [30]
SPOUSE AND DEPENDENTS:

	BENEFIT AMOUNT	ANNUAL PREMIUM
FIRST DIAGNOSIS CANCER LUMP SUM BENEFIT	[\$]	[\$]

REOCCURRENCE BENEFIT:

NUMBER OF FULL YEARS ELAPSED LESS THAN 1	% OF FIRST DIAGNOSIS BENEFIT
1	0%
2	10%
3	25%
4	25%
5+	50%
	100%

[FIRST DIAGNOSIS HEART ATTACK OR STROKE RIDER LUMP SUM BENEFIT	[\$]	[\$]
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CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY BENEFIT]	[\$]
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[THERAPY AND WELLNESS BENEFIT RIDER]	[\$]
[INTENSIVE CARE BENEFIT RIDER]	[\$]
[RETURN OF PREMIUM BENEFIT RIDER – [20 YEARS]]	[\$]
[RETURN OF PREMIUM UPON DEATH BENEFIT RIDER]	[\$]

ANNUAL POLICY FEE: \$ 20.00

TOTAL ANNUAL PREMIUM [\$]

POLICY DEFINITIONS

Cancer means a malignant tumor which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. It is characterized by the uncontrolled growth and spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes leukemia and Cancer In Situ. Excluded are Cancers such as:

1. Pre-malignant tumors or polyps;
2. Skin Cancer, except malignant melanoma

Cancer In Situ is an early stage Cancer that involves only the site of origin and which has not spread beyond the organ or tissue in which it originated.

Covered Person means a person:

1. Who is eligible for coverage as the Insured or as a Dependent on Couple, Family or Single Parent Type of Coverage;
2. Who has been accepted for coverage or has been automatically added;
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

Dependent: A person who is the Insured's:

1. lawful spouse, residing with the Insured.
2. child who is dependent upon the Insured for support and maintenance and is under the age of nineteen (19).
3. child who is dependent upon the Insured for support and maintenance, is nineteen (19) through twenty-five (25) years of age and is attending school full time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your and Your spouse's unmarried:

1. natural child;
2. stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

The term "Dependent" is applicable to Couple, Family, or Single Parent Type of Coverage.

Doctor means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

Documented Medical Evidence includes but is not limited to appropriate radiology, diagnostic testing, laboratory testing, and physical examination by an Oncologist.

Effective Date means the date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application, We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

First Diagnosis means the first time in which the earliest of the following takes place:

1. Cancer is first diagnosed by a pathologist. A pathological diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The Doctor establishing the pathological diagnosis shall base his/her judgement solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or suspect tumor, tissue or specimen.
2. Cancer is first diagnosed by clinical or non-pathological diagnosis, if diagnosis from tissue cannot be made. A clinical or non-pathological diagnosis of Cancer will only be accepted as a First Diagnosis when it is not medically possible to attempt a pathological diagnosis. Proof that it is not medically possible to attempt a pathological diagnosis must be satisfactory to Us. We reserve the right to request additional information, an additional Doctor's statement and/or examination by a Doctor of Our choice at Our expense.

Cancer will not be a covered condition when advice or treatment is received prior to the Effective Date, and such advice or treatment results in the First Diagnosis of Cancer. If tissue is extracted prior to the Effective Date, and results in a First Diagnosis of Cancer, this will not be a covered condition. The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken.

POLICY DEFINITIONS (Continued)

First Diagnosis Lump Sum Benefit means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Policy upon a First Diagnosis of Cancer or Cancer In Situ. The Lump Sum Benefit amount is shown in the Policy Schedule.

Immediate Family means You or, Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You, or Your spouse.

Insured means the person named in the Policy application and Policy Schedule.

Oncologist means a medical Doctor, other than You or a member of Your Immediate Family, specializing in the diagnosis and treatment of Cancer.

Pathologist means a licensed Doctor, other than You or a member of Your Immediate Family, specializing in the interpretation and diagnosis of changes caused by disease in tissue, who is certified by the American Board of Pathology to practice Pathologic Anatomy, or certified by the Osteopathic Board of Pathology.

Period of Remission means for at least one (1) full year during which a Covered Person has been free of Cancer treatment(s) as supported by Documented Medical Evidence. Cancer treatment does not include follow-up visits or testing that is performed for purposes that confirm Cancer is in remission.

Policy means this document, the application, and any attachments that form this contract between you and us.

Premium means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

Reoccurrence Benefit means the benefit amount We will pay when Cancer reoccurs after a Period of Remission from a previously diagnosed Cancer and for which We have paid benefits under this Policy. This benefit is payable for a previously diagnosed or newly diagnosed Cancer. For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

Skin Cancer means Basal cell or squamous cell carcinoma.

Type of Coverage determines who is insured under this Policy. The Type of Coverage is shown on the policy Schedule and is limited to the following plans:

1. Individual means coverage is provided only for You, the person named in the Policy application and shown as the Insured on the Policy Schedule.
2. Couple means coverage is provided only for You and Your spouse as Dependent.
3. Single Parent means coverage is provided for You and all of Your Dependent children.
4. Family means coverage is provided for You, Your spouse, and all Dependent children.

We, Us, Our Company means Guarantee Trust Life Insurance Company.

You, Your and Yours means the Insured shown in the Policy Schedule.

ELIGIBILITY FOR COVERAGE

CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.

ELIGIBILITY FOR COVERAGE (Continued)

ELIGIBILITY OF DEPENDENTS (Continued):

Except where the Type of Coverage is already a Family Plan or a Single Parent Plan, the addition of any child Dependent to this Policy will cause a change to the Type of Coverage and, therefore, a change to this Policy's premium. An Individual Plan which adds a spouse Dependent will also cause a change to the Type of Coverage and, therefore, a change to this Policy's premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date You are a party in a suit in which the adoption of the child by You is sought.

Stepchild: On the date of Your marriage to the child's parent.

For any Dependent, except Your newborn child, added after the effective date of this Policy, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy's Pre-Existing Condition limitation.

Dependents added after the Effective Date of this Policy must be added by endorsement.

NEWBORN DEPENDENTS

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable provision, shown below, for the Type of Coverage You currently have in effect at the time of birth.

1. Type of Coverage: Individual or Couple. If Your Policy's Type of Coverage is Individual or Couple, adding your newborn child will require Us to convert coverage from an Individual or Couple Plan to a Family or Single Parent Plan. You must notify Us and pay the additional premium within sixty (60) days of such birth in order for Us to continue coverage for the newborn child beyond the sixty (60) day period. If timely notice is not received, We may refuse to continue coverage beyond the sixty (60) day period.
2. Type of Coverage: Family or Single Parent. If coverage is already a Family or Single Parent Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family or Single Parent Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy may result in a denial of a claim.

DEPENDENT TERMINATION OF COVERAGE

If this is a Family or Single Parent Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. Nineteenth (19th) birthday, or twenty-fifth (25th) birthday if a full time student; or
2. Date of marriage.

Insurance coverage will not terminate due to the Dependent Child's age if the child is both:

- 1) incapable of self-sustaining employment because of mental or physical handicap; and
- 2) currently dependent upon You for support and maintenance.

You **must** provide proof of the Dependent Child's mental or physical handicap and dependence upon request.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage. The ex-spouse may apply for coverage under the Conversion Privilege provision. Any Dependent children may continue coverage under either parent's policy, but not under both policies.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

ELIGIBILITY FOR COVERAGE (Continued)

CONVERSION PRIVILEGE

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.
3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for loss incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the Conversion policy.

Another Pre-Existing condition limitation in the Conversion policy will not apply, except to the extent such Pre-existing condition has not been met under this Policy.

CONTINUATION OF INSURANCE

If this Policy's Type of Coverage is Couple or Family and if You die, Your covered spouse will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

ELIGIBILITY FOR BENEFITS

DIAGNOSIS: In order for a benefit to become payable under this Policy, Cancer must be First Diagnosed in one of the following ways:

1. Pathological Diagnosis

A pathological diagnosis is made from the results of a microscopic study of fixed tissue or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists. A pathological diagnosis can be made before or after death.

2. Clinical Diagnosis

Clinical diagnosis is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is detrimental to the patient's health, when there is medical evidence to support the diagnosis, and when a Doctor is treating the patient for Cancer.

3. Other Diagnosis

We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology. In the case of lung Cancer, we accept a cytology report in lieu of a pathology report.

BENEFIT PROVISIONS

Subject to all terms, conditions, definitions, limitations, exclusions, and other provisions of this Policy, benefits under this Policy are payable as follows:

FIRST DIAGNOSIS CANCER LUMP SUM BENEFIT: We will pay the First Diagnosis Cancer Lump Sum benefit if the Covered Person is First Diagnosed with Cancer after such person's Effective Date of coverage and while this Policy is in force. The First Diagnosis Cancer Lump Sum benefit is shown in the Policy Schedule.

Benefits under this provision are limited to one (1) First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

REOCCURRENCE BENEFIT: We will pay the Reoccurrence Benefit amount after a Covered Person has been in a Period of Remission for at least one (1) full year from a previously diagnosed Cancer and for which We have paid benefits under this Policy. This Reoccurrence Benefit is payable for a previously diagnosed or newly diagnosed Cancer.

For benefit eligibility, reoccurrence must be separated by at least one full year (365 days) from the date We paid benefits for a First Diagnosis of Cancer, or the year in which a new cancer is diagnosed.

BENEFIT PROVISIONS (Continued)

REOCCURRENCE BENEFIT (Continued):

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount. The Reoccurrence Benefit percentages are shown in the Policy Schedule. Benefits payable under the Reoccurrence Benefit provision are not subject to a lifetime maximum.

Benefits for the reoccurrence of a previously diagnosed Cancer are subject to Documented Medical Evidence that supports a Cancer's Period of Remission. We retain the right to have such Documented Medical Evidence reviewed by an Oncologist of our choice.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS: We will not pay a benefit for:

1. any Cancer diagnosed before the Effective Date of the Covered Person's coverage under the Policy; or
2. any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined.

PRE-EXISTING CONDITION: A pre-existing condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the 24 month period before the Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.

PREMIUM AND REINSTATEMENT

PREMIUM: The first Premium is due on the Effective Date. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for policies of this form number and Premium classification issued in the same state.

REFUND OF PREMIUM: We will refund that part of any premium paid beyond the end of the month in which the Insured's death occurred. Payment will be made within 30 days after Our receipt of proof of death.

GRACE PERIOD: You may pay Premium up to thirty-one days after it is due. This Policy stays in force during such time. If the Premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that Premium.

LAPSE AND REINSTATEMENT: If a Premium is not paid before the grace period ends, this Policy will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, the Policy will cover only Cancer diagnosed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

CLAIM FORMS: When We receive notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the proof of loss section.

CLAIM PROVISIONS (Continued)

PROOF OF LOSS: You must give Us written proof satisfactory to Us within 90 days after the loss for which You are seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the date of loss, unless You were legally incapacitated during that time.

One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. a fully completed claim form;
2. a Pathologist's report; or
3. a Doctor's statement.

TIME OF PAYMENT OF CLAIM: After We receive satisfactory written proof of loss, We will pay the benefit then due.

PAYMENT OF CLAIMS: Benefits will be paid to you. Any benefit unpaid at the time of your death will be paid to your estate. If benefits are payable to your estate, we will pay up to \$1,000 to anyone related to you by blood or marriage, whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT: No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

UNPAID PREMIUM: When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment. Our deduction for such Premium will be made and the Policy will end.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have a Covered Person examined as often as reasonably necessary while Your claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

LEGAL ACTION: You cannot bring legal action within 60 days from the date written proof of loss is given. You cannot bring it after 3 years from the date written proof of loss is required.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to You. The consent of a beneficiary shall not be required for assignment of this Policy, for any change of beneficiary, or to any other changes in this Policy.

GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of the Policy, the Policy Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

DATE OF ISSUE: This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

MISSTATEMENT OF AGE: If any Covered Person's age or date of birth is misstated in the application, the benefits will be such as the Premium paid would have purchased at the correct age. If based on the correct age We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for three (3) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the three (3) year period.

No claim for loss incurred which starts after three (3) years from the date a Covered Person is insured under this Policy will be reduced or denied because of disease or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of Your insurance.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

ANNUAL MEETING: The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.

**GUARANTEE TRUST LIFE
INSURANCE COMPANY**
A Mutual Company
1275 Milwaukee Avenue,
Glenview, Illinois 60025
(847) 699-0600

**CANCER POLICY
LUMP SUM BENEFITS**
*(FIRST DIAGNOSIS
AND REOCCURRENCE
BENEFIT PAYMENTS)*

**GUARANTEE TRUST LIFE
INSURANCE COMPANY**

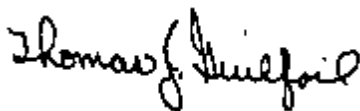
A Mutual Company
1275 Milwaukee Avenue,
Glenview, Illinois 60025
(847) 699-0600

**HEART ATTACK OR
STROKE POLICY
LUMP SUM BENEFITS**

*FIRST DIAGNOSIS
AND REOCCURRENCE
BENEFIT PAYMENTS*

**THIS IS A LEGAL
CONTRACT BETWEEN
YOU AND US. READ YOUR
POLICY CAREFULLY.**

Signed for Guarantee Trust Life
Insurance Company, at its Home
Office, by:



Secretary



President

Licensed Resident
Agent

WE PROMISE to insure all Covered Persons for the benefits described in this Policy, subject to the Policy definitions, provisions, limitations and exclusions. This Policy is issued in consideration of the application and payment of the first Premium. The application is attached to and made a part of this Policy.

GUARANTEED RENEWABLE FOR LIFE: You may keep this Policy in force during Your entire lifetime by paying Premiums when due or within the grace period. We cannot cancel or refuse to renew this Policy or place any restrictions on it if You pay Your Premiums on time.

If You have any problems, complaints or questions concerning this Policy, please write Us at the above address or call us at 800 338-7452. If We are unable to satisfy You, You may write the Arkansas Consumer Services Division, Department of Insurance, 1200 W. Third Street, Little Rock, AR 72201-1904 or call 800 282-9124.

PREMIUMS SUBJECT TO CHANGE: We may change Your premium rates for this Policy. We will give You at least thirty-one (31) days prior written notice of any change in the renewal premium. We can change the premium this way only if We change it on a class basis for all policies issued on this form in Your state.

YOUR RIGHT TO EXAMINE THIS POLICY FOR 10 DAYS: It is important to us that you are satisfied with this Policy. If you are not satisfied with this Policy, you may return it to us within ten (10) days of its receipt. Upon Our receipt of Your returned Policy, We will cancel the Policy as of the Effective Date and return any premiums You have paid.

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to Us at the address shown above within ten (10) days if any information shown on it is not correct and complete. If any past medical history has been left out, this Policy may not cover your claim. The application is a part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**THIS POLICY CONTAINS A PRE-EXISTING CONDITION LIMITATION
THIS IS A LIMITED BENEFIT POLICY - PLEASE READ IT CAREFULLY**

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from the Company.

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GUARANTEE TRUST LIFE INSURANCE COMPANY
Glenview, Illinois 60025

POLICY SCHEDULE

POLICY NUMBER:	[GTA00012]	TYPE OF COVERAGE:	[FAMILY]
EFFECTIVE DATE:	[JUNE 1, 2011]	MODE SELECTED:	[ANNUAL]
STATE OF ISSUE:	[ARKANSAS]		
INSURED:	[JOHN DOE]	AGE AT ISSUE:	[30]
SPOUSE AND DEPENDENTS:			

	BENEFIT AMOUNT	ANNUAL PREMIUM
FIRST DIAGNOSIS HEART ATTACK OR STROKE LUMP SUM BENEFIT	[\$]	[\$]
CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY BENEFIT	[\$]	

REOCCURRENCE BENEFIT:

NUMBER OF FULL YEARS ELAPSED	% OF FIRST DIAGNOSIS BENEFIT
LESS THAN 1	0%
1	10%
2	25%
3	25%
4	50%
5+	100%

[THERAPY AND WELLNESS BENEFIT RIDER]	[\$]
[INTENSIVE CARE BENEFIT RIDER]	[\$]
[RETURN OF PREMIUM BENEFIT RIDER –[20 YEARS]]	[\$]
[RETURN OF PREMIUM UPON DEATH BENEFIT RIDER]	[\$]
ANNUAL POLICY FEE:	[\$ 20.00]
TOTAL ANNUAL PREMIUM	[\$]

Coronary Angioplasty means a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

Coronary Artery Bypass Surgery means open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Covered Person means a person:

1. Who is eligible for coverage as the Insured or as a Dependent on Couple, Family or Single Parent Type of Coverage;
2. Who has been accepted for coverage or has been automatically added;
3. Who has paid the required premium; and
4. Whose coverage has become effective and has not terminated.

Dependent: A person who is the Insured's:

1. lawful spouse, residing with the Insured.
2. child who is dependent upon the Insured for support and maintenance and is under the age of nineteen (19).
3. child who is dependent upon the Insured for support and maintenance, is nineteen (19) through twenty-five (25) years of age and is attending school full time, as determined by the school the Dependent is attending, including colleges and vocational, technical, vocational-technical or trade schools or institutes.

The term child refers to Your and Your spouse's unmarried:

1. natural child;
2. stepchild; a stepchild is a Dependent on the date the Insured marries the child's parent; and
3. adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

The term "Dependent" is applicable to Couple, Family, or Single Parent Type of Coverage.

Doctor means any licensed practitioner of the healing arts acting within the scope of his or her license in treating an injury or illness. It doesn't include You, or a member of Your Immediate Family.

Effective Date means the date shown on the Policy Schedule for all persons accepted for coverage at the time of issue. Coverage is not effective until We have received and accepted Your application, We issue the Policy and receive the first premium, if applicable. For persons accepted for coverage under this Policy after it is issued, the Effective Date of coverage will be shown by endorsement.

First Diagnosis means the first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

A Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date.

First Diagnosis Lump Sum Benefit means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Policy upon a First Diagnosis of Heart Attack or Stroke. The Lump Sum Benefit amount is shown in the Policy Schedule.

Heart Attack mean an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

POLICY DEFINITIONS (Continued)

Immediate Family means You or, Your spouse, and the parents, grandparents, children, or siblings by blood or marriage of either You, or Your spouse.

Insured means the person named in the Policy application and Policy Schedule.

Policy means this document, the application, and any attachments that form this contract between you and us.

Premium means the amount of money You are required to pay Us in return for the insurance provided by this Policy.

Reoccurrence Benefit means the benefit amount We will pay a Covered Person who experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year (365 days) from the date We paid the First Diagnosis Lump Sum Benefit.

The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

Stroke means an acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

Type of Coverage determines who is insured under this Policy. The Type of Coverage is shown on the policy Schedule and is limited to the following plans:

1. Individual means coverage is provided only for You, the person named in the Policy application and shown as the Insured on the Policy Schedule.
2. Couple means coverage is provided only for You and Your spouse as Dependent.
3. Single Parent means coverage is provided for You and all of Your Dependent children.
4. Family means coverage is provided for You, Your spouse, and all Dependent children.

We, Us, Our Company means Guarantee Trust Life Insurance Company.

You, Your and Yours means the Insured shown in the Policy Schedule.

ELIGIBILITY FOR COVERAGE

CONSIDERATION

We have issued this Policy in consideration of the application and payment of the first premium. The application and Schedule are made a part of this Policy.

ELIGIBILITY OF DEPENDENTS

You may apply to include Your Dependents as Covered Persons under this Policy. A Dependent will become a Covered Person subject to:

1. Your written application for that Dependent to be added to Your Policy; and
2. Except for Your newborn child, evidence satisfactory to Us of insurability and eligibility of the Dependent to be added; and
3. The payment of any required premium.

Except where the Type of Coverage is already a Family Plan or a Single Parent Plan, the addition of any child Dependent to this Policy will cause a change to the Type of Coverage and, therefore, a change to this Policy's premium. An Individual Plan which adds a spouse Dependent will also cause a change to the Type of Coverage and, therefore, a change to this Policy's premium.

A Dependent is deemed to be acquired as follows:

Spouse: On the date of Your marriage.

Natural child: On the date of birth.

Adopted child: On the date You are a party in a suit in which the adoption of the child by You is sought.

Stepchild: On the date of Your marriage to the child's parent.

ELIGIBILITY FOR COVERAGE (Continued)

ELIGIBILITY OF DEPENDENTS (Continued):

For any Dependent, except Your newborn child, added after the effective date of this Policy, coverage will:

1. Become effective as of the next monthly premium due date following the date We approve the application for the Dependent; and
2. Be subject to this Policy's Pre-Existing Condition limitation.

Dependents added after the Effective Date of this Policy must be added by endorsement.

NEWBORN DEPENDENTS

Your newborn child will be covered from the moment of birth without requiring a written application, subject to the applicable provision, shown below, for the Type of Coverage You currently have in effect at the time of birth.

1. Type of Coverage: Individual or Couple. If Your Policy's Type of Coverage is Individual or Couple, adding your newborn child will require Us to convert coverage from an Individual or Couple Plan to a Family or Single Parent Plan. You must notify Us and pay the additional premium within sixty (60) days of such birth in order for Us to continue coverage for the newborn child beyond the sixty (60) day period. If timely notice is not received, We may refuse to continue coverage beyond the sixty (60) day period.
2. Type of Coverage: Family or Single Parent. If coverage is already a Family or Single Parent Plan, notice of the addition of Your newborn child is not required. In the event of the addition of a newborn child to a Family or Single Parent Plan where We have not been notified of the birth, We may require proof of eligibility at the time of claim. Failure to provide proof of eligibility as a Dependent, as defined in this Policy may result in a denial of a claim.

DEPENDENT TERMINATION OF COVERAGE

If this is a Family or Single Parent Plan, a child will cease to be covered on the premium due date that follows the earlier of such child's:

1. Nineteenth (19th) birthday, or twenty-fifth (25th) birthday if a full time student; or
2. Date of marriage.
- 3.

Insurance coverage will not terminate due to the Dependent Child's age if the child is both:

- 1) incapable of self-sustaining employment because of mental or physical handicap; and
- 2) currently dependent upon You for support and maintenance.

You ***must*** provide proof of the Dependent Child's mental or physical handicap and dependence upon request.

Coverage of Your spouse shall cease on the premium due date that follows the date of entry of a valid judgment of dissolution of marriage. The ex-spouse may apply for coverage under the Conversion Privilege provision. Any Dependent children may continue coverage under either parent's policy, but not under both policies.

Termination of coverage because a person ceases to be a Covered Person is without prejudice to any claim originating prior to termination of coverage.

CONVERSION PRIVILEGE

A covered Dependent may apply for a Conversion policy if coverage under this Policy terminates for such person, except for non-payment of premium, as set forth in the Dependent Termination of Coverage provision. The Conversion policy will be issued without proof of good health, subject to the following conditions:

1. A written application for the Conversion policy is sent to Us within thirty-one (31) days of the date on which such person's coverage under this Policy ends. The Effective Date of the Conversion policy shall be the date such person's coverage ended under this Policy. The premium for the Conversion policy will be the premium payable on the Effective Date of the Conversion policy for the form and amount of coverage provided based on attained age.
2. The Conversion policy will be this or a similar form currently in use by Us.

ELIGIBILITY FOR COVERAGE (Continued)

CONVERSION PRIVILEGE (Continued):

3. The Conversion policy may exclude any condition excluded by this Policy with respect to the covered Dependent at the time of the termination of coverage under this Policy. We will not pay benefits under the Conversion policy for loss incurred while this Policy is in force.
4. Any benefit amounts paid for a covered Dependent under this Policy will be applied to any benefit limits under the converted policy.

Another Pre-Existing condition limitation in the Conversion policy will not apply, except to the extent such Pre-existing condition has not been met under this Policy.

CONTINUATION OF INSURANCE

If this Policy's Type of Coverage is Couple or Family and if You die, Your covered spouse will become the Insured. The spouse may continue coverage for all Covered Persons under this Policy. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by Us within thirty-one (31) days after Your death. We will terminate this Policy if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after Your death.

BENEFIT PROVISIONS

Subject to all terms, conditions, definitions, limitations, exclusions, and other provisions of this Policy, benefits under this Policy are payable as follows:

FIRST DIAGNOSIS LUMP SUM BENEFIT: We will pay the First Diagnosis Lump Sum benefit amount if the Covered Person is First Diagnosed with Heart Attack or Stroke after the Effective Date of the Covered Person's coverage and while this Policy is in force. The First Diagnosis Lump Sum benefit amount is shown in the Policy Schedule. Benefits under this provision are limited to one payment during each Covered Person's lifetime.

REOCCURRENCE BENEFIT: We will pay the Reoccurrence Benefit amount when a Covered Person experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be separated by at least one (1) full year (365 days) from the date We paid benefits for a First Diagnosis Heart Attack or Stroke. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit amount and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Policy Schedule.

Benefits payable under this provision are subject to the Covered Person being free of treatment (except for follow-up examinations) for at least one (1) full year prior (365 days) from the date of the initial Heart Attack or Stroke event.

CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY:

We will pay the Coronary Angioplasty or Coronary Artery Bypass Surgery Benefit Amount, as shown in the Policy Schedule, when a Covered Person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for the benefit payment:

1. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the Policy Effective Date;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this Policy; and
3. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the Coronary Angioplasty procedure.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS: We will not pay benefits for:

1. A Heart Attack or Stroke if First Diagnosed before the Effective Date of the Covered Person's coverage under this Policy;
2. A Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before this Policy's Effective Date; or
3. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined.

PRE-EXISTING CONDITION: A pre-existing condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the 24 month period before the Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.

PREMIUM AND REINSTATEMENT

PREMIUM: The first Premium is due on the Effective Date. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our home office.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the first Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for policies of this form number and Premium classification issued in the same state.

REFUND OF PREMIUM: We will refund that part of any premium paid beyond the end of the month in which the Insured's death occurred. Payment will be made within 30 days after Our receipt of proof of death.

GRACE PERIOD: You may pay Premium up to thirty-one days after it is due. This Policy stays in force during such time. If the Premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that Premium.

LAPSE AND REINSTATEMENT: If a Premium is not paid before the grace period ends, this Policy will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, the Policy will cover only (a) Heart Attack or Stroke diagnosed more than 10 days after the date of reinstatement; or (b) coronary angioplasty or coronary artery bypass surgery performed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us within 30 days after the start of a loss or as soon as reasonably possible. The notice must be sent to Us at Our home office or to an authorized agent. The notice should include Your name and Policy number.

CLAIM FORMS: When We receive notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the proof of loss section.

PROOF OF LOSS: You must give Us written proof satisfactory to Us within 90 days after the loss for which You are seeking benefits. If it is not reasonably possible to give written proof in the time required, We will not reduce or deny benefits for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the date of loss, unless You were legally incapacitated during that time.

One or more of the following together with Your written statement may, at Our sole discretion, be required as proof of loss:

1. a fully completed claim form; and / or
2. a Doctor's statement.

TIME OF PAYMENT OF CLAIM: After We receive satisfactory written proof of loss, We will pay the benefit then due.

PAYMENT OF CLAIMS: Benefits will be paid to you. Any benefit unpaid at the time of your death will be paid to your estate. If benefits are payable to your estate, we will pay up to \$1,000 to anyone related to you by blood or marriage, whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT: No assignment of this Policy or its benefit, by You or Your legal representative, will affect Us unless it is in writing and sent to Us at Our home office. We are not responsible for the validity of the assignment. Any payment We make in good faith will end Our liability to the extent of the payment.

UNPAID PREMIUM: When a claim is paid, any Premium due and unpaid may, at Our sole discretion, be deducted from the claim payment. Our deduction for such Premium will be made and the Policy will end.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have a Covered Person examined as often as reasonably necessary while Your claim is pending. We can require an autopsy where allowed by law. Either will be done at Our expense.

LEGAL ACTION: You cannot bring legal action within 60 days from the date written proof of loss is given. You cannot bring it after 3 years from the date written proof of loss is required.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of beneficiary, the right to change a beneficiary is reserved to You. The consent of a beneficiary shall not be required for assignment of this Policy, for any change of beneficiary, or to any other changes in this Policy.

GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of the Policy, the Policy Schedule, the application, and any attachments. No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

DATE OF ISSUE: This Policy starts at 12:01 a.m., Standard Time, at the State of Issue on the Effective Date shown in the Policy Schedule.

MISSTATEMENT OF AGE: If any Covered Person's age or date of birth is misstated in the application, the benefits will be such as the Premium paid would have purchased at the correct age. If based on the correct age We would not have issued this Policy, then Our only responsibility will be to refund any Premium paid.

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the application when issuing this insurance. After this insurance has been in force for three (3) years, only fraudulent misstatements in the application may be used to void this Policy or deny any claim for loss which starts after the three (3) year period.

No claim for loss incurred which starts after three (3) years from the date a Covered Person is insured under this Policy will be reduced or denied because of disease or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of Your insurance.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside is amended to conform to the minimum requirements of those laws.

ANNUAL MEETING: The annual meeting of Our Policyholders will be held in Our home office. It will start at 10:00 a.m. on the first Monday in July. It will be held on Tuesday if Monday is a legal holiday. We will elect Directors and transact other business that is brought before the meeting.

**GUARANTEE TRUST LIFE
INSURANCE COMPANY**

A Mutual Company
1275 Milwaukee Avenue,
Glenview, Illinois 60025
(847) 699-0600

**HEART ATTACK OR
STROKE POLICY
LUMP SUM BENEFITS**
*(FIRST DIAGNOSIS
AND REOCCURRENCE
BENEFIT PAYMENTS)*

HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER
(FIRST DIAGNOSIS AND REOCCURRENCE BENEFIT PAYMENTS)

EFFECTIVE DATE: _____

This Rider is attached to and made a part of the Policy to which it is attached. It is issued in consideration of the application and payment of the required premium. This Rider takes effect on the Effective Date shown at 12:01 a.m. Standard Time where you live. If no date is shown above, it begins on the Policy's Effective Date.

YOUR TEN (10) DAY RIGHT TO RETURN THIS RIDER

If you are not satisfied with this Rider, you may return it to us within ten (10) days of its receipt. You may return it to us by mail or to the agent who sold it. We'll then refund all premiums paid for this Rider and it will be void.

DEFINITIONS

The following definitions and those applicable definitions contained in the Policy will apply wherever the terms are used in the Rider.

Coronary Angioplasty means a procedure used to open blocked or narrowed coronary arteries in order to improve blood flow to the heart muscle.

Coronary Artery Bypass Surgery means open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

First Diagnosis means the first time in which the earliest of the following takes place:

1. A Heart Attack is first diagnosed by a Doctor AND
2. A Heart Attack is evidenced by: (a) significant abnormal electrocardiographic findings; and/or (b) clinical findings and cardiac blood enzyme abnormalities.
3. A Stroke is evidenced by a diagnostic picture of permanent neurological damage provided from Computer Axial Tomograph (CAT scan), a Magnetic Resonance Image (MRI) and/or a Magnetic Resonance Angiography (MRA).

A Heart Attack or Stroke will not be covered conditions when any advice or treatment is received by the Covered Person prior to the Effective Date.

First Diagnosis Lump Sum Benefit means the benefit amount We will pay during each Covered Person's lifetime under the terms of this Rider upon a First Diagnosis of Heart Attack or Stroke. The Lump Sum Benefit amount is shown in the Rider Schedule. This benefit is limited to one (1) First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

Heart Attack mean an acute myocardial infarction (irreversible injury and death of a portion of the myocardium or heart muscle) detected by the rise and/or fall of cardiac biomarkers (preferably troponin) with at least one value above the 99th percentile of the upper reference limit (URL) together with evidence of myocardial ischaemia with at least one of the following:

- Symptoms of ischaemia;
- ECG changes indicative of new ischaemia [new ST-T changes or new left bundle branch block (LBBB)];
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.
-

Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Reoccurrence Benefit means the benefit amount We will pay a Covered Person who experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year after payment of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

Stroke means an acute cerebrovascular accident or incident, which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Stroke does not mean a head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

BENEFITS

FIRST DIAGNOSIS LUMP SUM BENEFIT: We will pay the First Diagnosis Lump Sum benefit amount if the Covered Person is First Diagnosed with Heart Attack or Stroke after the Effective Date of the Covered Person's coverage and while this Rider is in force. The First Diagnosis Lump Sum benefit amount is shown in the Rider Schedule. Benefits under this provision are limited to one First Diagnosis Lump Sum Benefit payment per Covered Person's lifetime.

REOCCURRENCE BENEFIT: We will pay the Reoccurrence Benefit amount when a Covered Person experiences a reoccurrence of a Heart Attack or Stroke. In order for benefits to be payable, such reoccurrence must be at least one (1) full year after payment of the First Diagnosis Lump Sum Benefit. The Reoccurrence Benefit amount is a percentage of the First Diagnosis Lump Sum Benefit and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. The Reoccurrence Benefit percentages are shown in the Rider Schedule.

Benefits payable under this provision are subject to the Covered Person being free of treatment (except for maintenance medication(s) and follow-up examinations) for at least one (1) full year prior to the reoccurrence.

CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY:

We will pay the Coronary Angioplasty or Coronary Artery Bypass Surgery Benefit Amount, as shown on the Rider Schedule, when a Covered Person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for the benefit payment:

1. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the Rider Effective Date;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this Rider; and
3. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the procedure or surgery.

EXCLUSIONS

This Rider does not pay benefits for:

1. Heart Attack or Stroke if First Diagnosed before the Effective Date of the Covered Person's coverage under this rider;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before this Rider's Effective Date; or
3. any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke as defined.

PRE-EXISTING CONDITION: A pre-existing condition is a condition for which (a) Medical advice or treatment was recommended by, or received from a Doctor, within the 24 month period before the Effective Date of the Covered Person's coverage; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 24 month period before the Effective Date of the Covered Person's coverage.

A pre-existing condition is not covered unless the loss begins more than 24 months after the Effective Date of the Covered Person's coverage.

RENEWAL CONDITIONS

This Rider is renewed when the Policy to which it is attached is renewed.

PREMIUM

This Rider requires the payment of premium in addition to the premium due for the Policy. The premium for this benefit rider is shown on the Policy Schedule.

We can change the premium for this Rider if we change it for all riders like yours in your state on a class basis. If a premium change is needed, we will notify you in writing at least thirty-one (31) days before the change becomes effective.

LAPSE AND REINSTATEMENT

If a Premium is not paid before the grace period ends, this Rider and the Policy to which it is attached will lapse. If We later accept the Premium without asking for an application for reinstatement, the Policy with this Rider will be reinstated within forty-five (45) days of receipt of due Premium.

If reinstated, this Rider will cover only: (a) Heart Attack or Stroke diagnosed more than 10 days after the date of reinstatement; and (b) coronary angioplasty or coronary artery bypass surgery performed more than 10 days after the date of reinstatement. In all other ways, Your rights, and Ours will remain the same, subject to any provisions of the reinstatement. Premium will be applied as of the date of reinstatement.

CONTINUATION OF INSURANCE

If the Insured dies, the covered spouse, if any, will become the Insured. The spouse may continue coverage for all Covered Persons under this Rider as long as the Policy to which it is attached is in force. A written request for continuation of coverage for all Covered Persons and the appropriate premium must be received by us within thirty-one (31) days after the death of the Insured. We will terminate this Rider if the written request for continuation and the appropriate premium is not received by Us within thirty-one (31) days after the Insured's death.

WHEN THIS RIDER ENDS

This Rider ends and any benefits payable under it cease upon the date the Policy to which this Rider is attached ends.

CONDITIONS

This Rider is subject to all terms, provisions, exclusions and limitations of the Policy to which it is attached, except, where specifically changed by this Rider.

Signed for Guarantee Trust Life Insurance Company , at its Home Office, by



Secretary



President

Application for Cancer Insurance to: Guarantee Trust Life Insurance Company

1275 Milwaukee Avenue, Glenview, IL 60025 (800) 338-7452

AGENT NOTE: Please pre-qualify the Applicant (s) with Section C prior to completing the application.

Application for: ☐ **New Coverage** ☐ **Reinstatement** ☐ **Increase of Benefits**

If Reinstatement or Increase requested, please list GTL policy/certificate number(s) affected: _____

A. APPLICANT(S) INFORMATION

MAIL POLICY TO: ☐ **AGENT** ☐ **INSURED**

APPLICANT:

1. Last Name _____ 2. First _____ 3. M.I. _____
4. Social Security # _____ 5. ☐ Male ☐ Female 6. Age _____ 7. Date of Birth _____

SPOUSE:

8. Last Name _____ 9. First _____ 10. M.I. _____
11. Social Security # _____ 12. ☐ Male ☐ Female 13. Age _____ 14. Date of Birth _____

DEPENDENTS:

Spouse:

D1. Last Name _____ First _____ M.I. _____
☐ Male ☐ Female Age _____ Date of Birth _____
D2. Last Name _____ First _____ M.I. _____
☐ Male ☐ Female Age _____ Date of Birth _____
D3. Last Name _____ First _____ M.I. _____
☐ Male ☐ Female Age _____ Date of Birth _____

CONTACT:

15. Street Address _____
16. City _____ 17. State _____ Zip Code _____ County _____
20. Telephone _____ 21. Email Address _____

BENEFICIARY:

Primary Beneficiary _____ Relationship _____
Contingent Beneficiary _____ Relationship _____

B. COVERAGE SELECTION & PREMIUMS

1. Plan Type:

☐ Individual ☐ Single Parent ☐ Couple ☐ Family

2. Stand Alone Cancer Policy:

☐ Lump Sum Benefit Selected: _____ *

*Min: \$10,000 Increments of \$5,000. Maximum not to exceed \$75,000.

3. Heart Attack and Stroke Rider:

☐ Lump Sum Benefit Selected: _____ *

*Min: \$10,000 Increments of \$5,000. Maximum not to exceed \$75,000.

4. Stand Alone Heart Attack and Stroke Policy:

☐ Lump Sum Benefit Selected: _____ *

*Min: \$10,000 Increments of \$5,000. Maximum not to exceed \$75,000.

5. Therapy and Wellness Rider

☐ 1 Unit ☐ 2 Units ☐ 3 Units ☐ 4 Units

6. Intensive Care Rider:

☐ 1 Unit ☐ 2 Units ☐ 3 Units ☐ 4 Units

7. Return of Premium Rider: ☐

8. Premium Payment Mode:

Effective Date: _____ Draft Date: _____

☐ Monthly Bank Draft ☐ Credit Card

☐ Annual ☐ Semi-Annual ☐ Quarterly

9. Modal Premium:

(Premiums include \$20 Annual Policy Fee.)

TOTAL: \$ _____

C. PRE QUALIFICATION, MEDICAL INFORMATION & EXCLUSIONS

1. In the past 5 years has any person to be insured had, been diagnosed as having, received medication for or been treated by a medical practitioner for:
 - a) Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS related condition (ARC)?
 - b) Leukemia, Hodgkin's disease, malignant melanoma, sarcoma or any internal cancer, or had radiation or chemotherapy for any of these conditions?
 - c) Heart attack, heart bypass, angioplasty, angina, stroke or Transient Ischemic Attack (TIA)?
2. For any of the above conditions which benefits are being applied for, within the past 24 months, has any person to be insured been advised to seek treatment or medical advice from a medical practitioner but not have done so or experienced any symptoms that would have caused a person to seek medical advice from a medical practitioner?

Applicant's Answers

Question	YES	NO	Action
1.a.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," do not submit the application.
1.b.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," the Applicant does not qualify for Cancer Plan benefits. Apply for the Heart Attack/Stroke Plan.
1.c.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," the Applicant does not qualify for Heart Attack/Stroke Plan or
2.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," do not submit the application.

Spouse's Answer

Question	YES	NO	Action
1.a.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," the Spouse does not qualify for the Plan.
1.b.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," the Spouse does not qualify for the Cancer benefits.
1.c.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," the Spouse does not qualify for Heart Attack/Stroke Plan or benefits.
2.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," the Spouse does not qualify for the Plan.

Dependent's Answer

Question	YES	NO	Action
1.a.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," dependent(s) _____ does (do) not qualify for the Plan.
1.b.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," dependent(s) _____ does (do) not qualify for Cancer benefits.
1.c.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," dependent (s) _____ does (do) not qualify for Heart Attack/Stroke Plan or benefits.
2.	<input type="checkbox"/>	<input type="checkbox"/>	If "YES," dependent(s) _____ does (do) not qualify for the Plan.

D. COVERAGE INFORMATION

APPLICANT:

1. Will any existing in force hospital, medical, or major medical insurance be replaced or changed if the proposed coverage is issued? (If "YES," please complete the Replacement Form.)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If "YES," with which company? _____

AGENT'S STATEMENT

I certify that I have accurately recorded the information supplied by the Applicant. I am not aware of any additional information which may have a bearing on the insurability of anyone proposed for insurance on this application and any supplement to it. I have advised the applicant not to withhold any information relative to this application and its questions. I have advised the applicant to review the application for completeness and accuracy and that no coverage is in effect until they are notified in writing by Guarantee Trust Life Insurance Company. To the best of my knowledge and belief, the insurance applied for ☐ is or ☐ is not likely to replace or change existing insurance or annuities.

Agent's Name (Printed)

E-mail Address

Agent Code

Agent's Signature

Date

ALL STATEMENTS MADE IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE, TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND THAT THE STATEMENTS FORM THE BASIS UPON WHICH INSURANCE WILL BE MADE EFFECTIVE. I (WE) UNDERSTAND THAT OMISSIONS, MISREPRESENTATIONS OR MISSTATEMENTS COULD RESULT IN DENIAL OF AN OTHERWISE VALID CLAIM AND/OR RESCISSION, VOIDING, OR REFORMATION OF INSURANCE.

I (We) understand that any changes in my (our) health conditions or that of my (our) dependents (if applying for dependent coverage), from the date of this application until insurance becomes effective, may result in the declination of my (our) coverage. No agent or other representative of GTL has required, permitted, or encouraged me (us) to answer any question inaccurately or has waived any conditions of this application. I (We) have received a copy of the Pre-Notice which describes how information is obtained and used by GTL.

AUTHORIZATION: I (We) authorize Guarantee Trust Life Insurance Company (herein referred to as the "Company"), insurance support organizations, authorized representatives, and any reinsurers, to obtain information as to the diagnosis, treatment, or prognosis of my (our) physical condition, other coverage and any other information needed to underwrite my (our) application for insurance such as criminal or motor vehicle records. Upon presentation of this Authorization, or a photocopy of it, the Company may obtain, without restriction (except psychotherapy notes), such information or records from any doctor, health professional, hospital, clinic, Veterans Administration, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities or other person or organization which has such information including any information provided to any affiliate insurance company on previous applications and any information provided to our health division for underwriting or claim servicing purposes. The Company and its reinsurers may also obtain such information from the Medical Information Bureau. This Authorization includes all information about drugs, alcoholism, and mental illness. I (We) understand and agree that the Company or its representatives may conduct a phone interview or face-to-face assessment as part of the underwriting process. Although federal regulations require that the Company inform Me (Us) of the potential that information disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected if such information is disclosed to a person or entity not covered by the federal privacy regulation, all such information received by the Company pursuant to this authorization will be protected by federal and state privacy laws and regulations. I (We) agree that this Authorization will be valid for 24 months from the date signed, and know that I (We) or my (our) authorized representative may have a photocopy of it.

I (We) understand that I (we) have the right to revoke this Authorization, in writing, at any time by sending written notification to my (our) agent or to the Company at the above address. I (We) understand that a revocation will not be effective to the extent the Company has relied on the use or disclosure of the protected health information or, so long as GTL has a legal right to contest a claim under the coverage or the coverage itself. Revocation requests should be sent in writing to my (our) agent or to the attention of the Underwriting Manager.

I (We) understand once information is disclosed pursuant to this Authorization, such information will continue to be protected by GTL in accordance with federal or state law. I (We) also understand that my (our) application for insurance can be declined if I (we) choose not to sign this Authorization.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Signed at _____
Date _____ City and State _____

Applicant Signature

Spouse Signature (if applicable)

APPH2-11

RECEIPT

DATE _____

Received of _____ the sum of \$ _____ and application for insurance to Guarantee Trust Life Insurance Company. If for any reason the application is declined this payment will be refunded. No liability is created or assumed by the Company, except for refund of this payment, until the insurance applied for has been issued.

Agent's Signature: _____

If you do not receive your policy/certificate within 60 days from the date of your application, please write to:
Guarantee Trust Life Insurance Company, 1275 Milwaukee Avenue, Glenview, IL 60025

MAKE CHECK PAYABLE TO:
GUARANTEE TRUST LIFE INSURANCE COMPANY

SERFF Tracking Number:	GRTT-127701250	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	50120
Company Tracking Number:			
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	G1130 / G1131 Lump Sum		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	NA

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Guarantee Trust Life Insurance Company	%	%				%	%

SERFF Tracking Number: GRTT-127701250 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50120

Company Tracking Number:

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit

Product Name: G1130 / G1131 Lump Sum

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 10/28/2011	Premium Rate Sheets	G1130-AR, G1131-AR, RG11LSHAS, RG10IC, RG10CTW, RG10ROP15, RG10ROP20, RG10ROP25, RG10ROPD	New		G1130_G1131_R G11LSHAS Premium Rates - 50% LR.pdf

GUARANTEE TRUST LIFE INSURANCE COMPANY
Lump Sum Policy
Exhibit B - Annual Premium Rates per \$5,000 of Benefit

<u>Cancer Policy (G1130)*</u>				
<u>Issue Age</u>	<u>Individual</u>	<u>Single Parent</u>	<u>Couple</u>	<u>Family</u>
0-39	57.00	71.50	97.00	108.50
40-44	69.50	87.00	118.00	132.00
45-49	74.00	92.50	126.00	140.50
50-54	87.00	109.00	148.00	165.50
55-59	102.00	127.50	173.50	194.00
60-64	122.50	153.00	208.50	233.00
65-69	136.50	170.50	232.00	259.50
70-74	170.00	212.50	289.00	323.00
75-79	184.50	230.50	313.50	350.50
80-85	197.00	246.50	335.00	374.50
<u>Cancer (G1130)* with Heart Rider (RG11LSHAS)</u>				
<u>Issue Age</u>	<u>Individual</u>	<u>Single Parent</u>	<u>Couple</u>	<u>Family</u>
0-39	75.00	94.00	127.50	142.50
40-44	97.00	121.50	165.00	184.50
45-49	103.00	129.00	175.00	195.50
50-54	133.00	166.50	226.00	252.50
55-59	162.00	202.50	275.50	308.00
60-64	195.50	244.50	332.50	371.50
65-69	222.00	277.50	377.50	422.00
70-74	278.00	347.50	472.50	528.00
75-79	306.50	383.00	521.00	582.50
80-85	330.50	413.00	562.00	628.00
<u>Stand-alone Heart Policy (G1131)*</u>				
<u>Issue Age</u>	<u>Individual</u>	<u>Single Parent</u>	<u>Couple</u>	<u>Family</u>
0-39	23.00	29.00	39.00	43.50
40-44	34.50	43.00	58.50	65.50
45-49	36.50	45.50	62.00	69.50
50-54	58.50	73.00	99.50	111.00
55-59	76.00	95.00	129.00	144.50
60-64	92.50	115.50	157.50	176.00
65-69	108.50	135.50	184.50	206.00
70-74	137.00	171.50	233.00	260.50
75-79	154.50	193.00	262.50	293.50
80-85	169.00	211.50	287.50	321.00

Modal factors Monthly: 0.090
 Quarterly: 0.265
 Semi Annual: 0.520
 Annual: 1.000

* Annual Policy Fee = \$20.00

GUARANTEE TRUST LIFE INSURANCE COMPANY

**Exhibit B - Annual Premium Rates per Unit
Per Unit Issued**

Coverage	Issue Age	Per Unit Issued			
		<u>Individual</u>	<u>Single Parent</u>	<u>Couple</u>	<u>Family</u>
Intensive Care Benefit Rider (RG10IC)	0-39	10.50	13.00	18.00	20.00
	40-44	11.50	14.50	19.50	22.00
	45-49	12.00	15.00	20.50	23.00
	50-54	17.00	21.50	29.00	32.50
	55-59	21.00	26.50	35.50	40.00
	60-64	24.50	30.50	41.50	46.50
	65-69	29.00	36.50	49.50	55.00
	70-74	32.50	40.50	55.50	62.00
	75-79	36.00	45.00	61.00	68.50
	80-85	39.00	49.00	66.50	74.00
Therapy and Wellness Benefit Rider (RG10CTW)	0-39	18.00	22.50	30.50	34.00
	40-44	20.00	25.00	34.00	38.00
	45-49	20.50	25.50	35.00	39.00
	50-54	21.50	27.00	36.50	41.00
	55-59	23.00	29.00	39.00	43.50
	60-64	24.00	30.00	41.00	45.50
	65-69	26.00	32.50	44.00	49.50
	70-74	28.00	35.00	47.50	53.00
	75-79	30.00	37.50	51.00	57.00
	80-85	31.50	39.50	53.50	60.00
Modal factors	Monthly:	0.090			
	Quarterly:	0.265			
	Semi Annual:	0.520			
	Annual:	1.000			

GUARANTEE TRUST LIFE INSURANCE COMPANY

Exhibit B - Return of Premium Upon Death Benefit Rider (RG10ROPD)

Issue <u>Age</u>	Rate per \$1 of annual <u>premium*</u>
0-79	0.25

* Rider factor applied to total policy premium including any other riders

GUARANTEE TRUST LIFE INSURANCE COMPANY

Exhibit B - Return of Premium Rider (RG10ROP15, RG10ROP20, & RG10ROP25)

<u>Issue Age*</u>	<u>Return of Premium Period</u>	<u>Rate per \$1 of annual premium**</u>
0-65	15 years	0.80
	20 years	0.55
	25 years	0.40

* Rates applied based on original issue age of policy

** Rider factor applied to total policy premium including any other riders

SERFF Tracking Number: GRTT-127701250 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 50120
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: G1130 / G1131 Lump Sum
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/28/2011
Comments: The consumer information notice is on the face page of each policy.		
Attachment: Readability Certification - AR.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	10/28/2011
Bypass Reason: The application is new and attached to the Forms tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	10/28/2011
Comments:		
Attachment: GTL GN Cancer Hrt Lump Sum AJ 50% 8 19.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	10/28/2011
Comments:		
Attachments: OCG1130.pdf OCG1131.pdf		

	Item Status:	Status Date:
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SERFF Tracking Number:	GRTT-127701250	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	50120
Company Tracking Number:			
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002 Dread Disease
Product Name:	G1130 / G1131 Lump Sum		
Project Name/Number:	/		
Satisfied - Item:	Statement of Variability	Approved-Closed	10/28/2011
Comments:			
Attachment:			
Statement of Variability.pdf			


CERTIFICATE OF READABILITY

Form Number(s): G1130-AR, G1131-AR, RG11LSHAS, APPH2-11

Flesch Test Score(s): 52.3, 52.9, 46.2, 42, respectively

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date: October 25, 2011

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

SPECIFIED DISEASE POLICY
First Diagnosis and Reoccurrence Benefits

**OUTLINE OF COVERAGE
FOR POLICY FORM G1130**

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY - This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

CANCER LUMP SUM BENEFIT

We will pay a lump sum benefit, as shown below, if a covered person is diagnosed with cancer after the Effective Date of coverage and while the policy is in force.

FIRST DIAGNOSIS BENEFIT: The First Diagnosis Cancer Lump Sum benefit is limited to one Lump Sum benefit amount during each covered person's lifetime under the Policy.

REOCCURRENCE BENEFIT: We will pay a Reoccurrence Benefit for a previously diagnosed or newly diagnosed Cancer. Benefit payment is subject to a covered person having been in a period of remission for at least one full year from a previously diagnosed Cancer for which we have previously paid benefits under this policy. For benefit eligibility, reoccurrence must be separated by at least one full year from the date we paid benefits for a first diagnosis of Cancer, or the year in which a new cancer is diagnosed.

The Reoccurrence Benefit is a percentage (10% to 100%, depending upon the number of years elapsed) of the First Diagnosis Lump Sum Benefit amount. The Reoccurrence Benefit is not subject to a lifetime maximum.

Benefits for the reoccurrence of a previously diagnosed Cancer are subject to documented medical evidence that supports a Cancer's period of remission.

This policy is subject to a pre-existing condition limitation. A pre-existing condition is a condition for which: (a) medical advice or treatment was recommended by, or received from, a doctor within the 24-month period before the effective date of the covered person's coverage; or (b) symptoms existed which would have caused an ordinarily prudent person to seek diagnosis, care or treatment within the 24-month period before the effective date of the covered person's coverage.

[OPTIONAL BENEFIT RIDERS]

[HEART ATTACK OR STROKE LUMP SUM BENEFIT RIDER: We will pay a lump sum benefit, as shown below, if a covered person is diagnosed with a Heart Attack or Stroke after the Effective Date of coverage and while the policy is in force with this rider. **This rider is subject to a pre-existing condition limitation.** *(Please refer to the description of a pre-existing condition limitation shown on page 1.)*

FIRST DIAGNOSIS BENEFIT: The First Diagnosis Lump Sum benefit is limited to one Lump Sum benefit amount during each covered person's lifetime under the Policy.

REOCCURRENCE BENEFIT: We will pay a Reoccurrence Benefit when a covered person experiences a least one full year after payment of the First Diagnosis Lump Sum Benefit under this rider.

The Reoccurrence Benefit is a percentage (10% to 100%) and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. treatment (except for maintenance medication(s) and follow-up examinations) for at least one full year prior to the reoccurrence.

CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY BENEFIT: This benefit is payable when a covered person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for this benefit:

- a. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the rider's effective date;
- b. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this rider; and
- c. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the procedure or surgery.]

[THERAPY AND WELLNESS BENEFIT RIDER: This rider pays an indemnity benefit for specified health and wellness screenings. The benefit is limited to one payment per calendar year per covered person. The rider also provides benefits for therapy (physical, speech, hearing and occupational), educational services, mental health, healthy lifestyle programs and alternative care.]

[INTENSIVE CARE BENEFIT RIDER: This rider pays an indemnity benefit for confinement in an intensive care unit due to injury or sickness. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due to and within 48 hours of an accident. **This rider is subject to a 30-day waiting period limitation.** This means rider benefits are payable when an intensive care confinement begins at least 30 days after a covered person's effective date of coverage.]

[RETURN OF PREMIUM BENEFIT RIDER *(Payable Upon Completion of Specified Return of Premium Period):* This rider may provide a return of premium benefit in the event your policy remains in force for [15] [20] [25] full years. The actual amount of premium that will be returned, if any, will be equal to 100% of all premiums you paid for the policy and any other benefit riders attached to the policy (unless expressly excluded), while this rider was in force (except for any application or annual policy fee) MINUS all benefits paid or then payable under the policy for you or any dependent(s). NOTE: The sum of all premiums is without interest accumulation.

At the end of the Return of Premium Period, you will have the option of renewing this rider. Renewal is conditioned upon the new Return of Premium Period beginning before your attained age 80.]

[RETURN OF PREMIUM UPON DEATH BENEFIT RIDER: The rider provides for a return of premium in the event of your death within 10 years of this rider's effective date, or death occurring prior to your age 85, whichever is later. The actual amount of premium that will be returned, if any, will be equal to 100% of all premiums you paid for the policy and any other benefit riders attached to the policy (unless expressly excluded), while this rider was in force (except for any application or annual policy fee) MINUS all benefits paid or then payable under the policy for you or any dependent(s). NOTE: The sum of all premiums is without interest accumulation.]

POLICY EXCLUSIONS

We will not pay a benefit for:

1. Any Cancer diagnosed before the effective date of the covered person's coverage under the policy; or
2. Any loss due to injury, disease, or incapacity, unless related to or attributable to cancer, as defined.

[The following are exclusions that apply to the optional benefit riders.]

[Heart Attack or Stroke Lump Sum Benefit Rider

We will not pay a benefit for:

1. Heart Attack or Stroke if first diagnosed before the effective date of the covered person's coverage under the rider;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before the rider's effective date; or
3. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke.]

[Therapy and Wellness AND] [Intensive Care Benefit Riders]

1. [Intentionally self-inflicted injury, violating or attempting to violate any duly enacted law.
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss of resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a doctor.]

RENEWABILITY - You may keep the policy and riders, if attached, in force during your entire lifetime by paying premiums when due or within the grace period. We cannot cancel or refuse to renew the policy or place any restrictions on it if you pay your premiums on time.

PREMIUMS ARE SUBJECT TO CHANGE - We may change your premium rates by giving you at least 31 days prior written notice. We can change the premium this way only if we change it on a class basis for all policies and riders of this class in your state.

INITIAL PREMIUM

COVERAGE DESCRIPTION	BENEFIT (AMOUNT/UNITS/TERM)	PREMIUM
Cancer Lump Sum Policy	Amount: \$_____	\$_____
[Heart Attack or Stroke Lump Sum Benefit Rider	Amount: \$_____	\$_____]
[Return of Premium Benefit Rider	<input type="checkbox"/> [15] [20] [25] Years <input type="checkbox"/> [Upon Death]	\$_____]
[Intensive Care Benefit Rider	Units:_____	\$_____]
[Therapy & Wellness Benefit Rider	Units:_____	\$_____]
Annual Policy Fee:		\$ 20.00
TOTAL ANNUAL PREMIUM:		\$_____

Filing note: Bracketed text is indicated for those benefit summaries/premium information lines which are being filed as variable. These benefits are not currently mandated to be offered and the Company reserves the right to discontinue marketing these riders in the future and therefore, removing them from this outline of coverage.

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue, Glenview, Illinois 60025
(847) 699-0600

SPECIFIED DISEASE POLICY
First Diagnosis and Reoccurrence Benefits

**OUTLINE OF COVERAGE
FOR POLICY FORM G1131**

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

THIS IS A LIMITED BENEFIT POLICY – PLEASE READ YOUR POLICY CAREFULLY - This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. Your policy sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

HEART ATTACK OR STROKE LUMP SUM BENEFIT

We will pay a lump sum benefit, as shown below, if a covered person is diagnosed with a Heart Attack or Stroke after the Effective Date of coverage and while the policy is in force.

FIRST DIAGNOSIS BENEFIT: The First Diagnosis Lump Sum benefit is limited to one Lump Sum benefit amount during each covered person's lifetime under the Policy.

REOCCURRENCE BENEFIT: We will pay a Reoccurrence Benefit when a covered person experiences a least one full year after payment of the First Diagnosis Lump Sum Benefit under this rider.

The Reoccurrence Benefit is a percentage (10% to 100%) and is based upon the number of years between the prior Heart Attack or Stroke event and the year the subsequent Heart Attack or Stroke event occurs / reoccurs. treatment (except for maintenance medication(s) and follow-up examinations) for at least one full year prior to the reoccurrence.

CORONARY ANGIOPLASTY OR CORONARY ARTERY BYPASS SURGERY BENEFIT: This benefit is payable when a covered person undergoes a Coronary Angioplasty or Coronary Artery Bypass Surgery. To be eligible for this benefit:

- a. Medical advice to undergo Coronary Angioplasty or Coronary Artery Bypass Surgery must be received after the rider's effective date;
- b. Coronary Angioplasty or Coronary Artery Bypass Surgery must be performed while insured under this rider; and
- c. Coronary Angioplasty or Coronary Artery Bypass Surgery must not be performed as a direct result of a Heart Attack which immediately preceded the procedure or surgery.]

This policy is subject to a pre-existing condition limitation. A pre-existing condition is a condition for which: (a) medical advice or treatment was recommended by, or received from, a doctor within the 24-month period before the effective date of the covered person's coverage; or (b) symptoms existed which would have caused an ordinarily prudent person to seek diagnosis, care or treatment within the 24-month period before the effective date of the covered person's coverage.

[OPTIONAL BENEFIT RIDERS]

[**THERAPY AND WELLNESS BENEFIT RIDER:** This rider pays an indemnity benefit for specified health and wellness screenings. The benefit is limited to one payment per calendar year per covered person. The rider also provides benefits for therapy (physical, speech, hearing and occupational), educational services, mental health, healthy lifestyle programs and alternative care.]

[**INTENSIVE CARE BENEFIT RIDER:** This rider pays an indemnity benefit for confinement in an intensive care unit due to injury or sickness. A benefit of 50% for a step down unit is available. The benefit is doubled if confinement is due to and within 48 hours of an accident. **This rider is subject to a 30-day waiting period limitation.** This means rider benefits are payable when an intensive care confinement begins at least 30 days after a covered person's effective date of coverage.]

[**RETURN OF PREMIUM BENEFIT RIDER** (*Payable Upon Completion of Specified Return of Premium Period*): This rider may provide a return of premium benefit in the event your policy remains in force for [15] [20] [25] full years. The actual amount of premium that will be returned, if any, will be equal to 100% of all premiums you paid for the policy and any other benefit riders attached to the policy (unless expressly excluded), while this rider was in force (except for any application or annual policy fee) MINUS all benefits paid or then payable under the policy for you or any dependent(s). NOTE: The sum of all premiums is without interest accumulation.

At the end of the Return of Premium Period, you will have the option of renewing this rider. Renewal is conditioned upon the new Return of Premium Period beginning before your attained age 80.]

[**RETURN OF PREMIUM UPON DEATH BENEFIT RIDER:** The rider provides for a return of premium in the event of your death within 10 years of this rider's effective date, or death occurring prior to your age 85, whichever is later. The actual amount of premium that will be returned, if any, will be equal to 100% of all premiums you paid for the policy and any other benefit riders attached to the policy (unless expressly excluded), while this rider was in force (except for any application or annual policy fee) MINUS all benefits paid or then payable under the policy for you or any dependent(s). NOTE: The sum of all premiums is without interest accumulation.]

POLICY EXCLUSIONS

We will not pay a benefit for:

1. Heart Attack or Stroke if first diagnosed before the effective date of the covered person's coverage under the policy;
2. Coronary Angioplasty or Coronary Artery Bypass Surgery where medical advice to undergo such procedure or surgery was received before the policy's effective date; or
3. Any loss due to injury, disease or incapacity, unless related to or attributable to Heart Attack or Stroke.

[The following are exclusions that apply to the optional benefit riders.]

[Therapy and Wellness AND] [Intensive Care Benefit Riders]

1. [Intentionally self-inflicted Injury, violating or attempting to violate any duly enacted law.
2. Injury by acts of war, whether declared or not.
3. Attempted suicide while sane or insane.
4. Injury sustained while committing or attempting to commit a felony.
5. Injury sustained while voluntarily participating in a riot, or civil commotion or disturbance of any kind.
6. Loss of resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the injury occurs.
7. Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a doctor.]

RENEWABILITY - You may keep the policy and riders, if attached, in force during your entire lifetime by paying premiums when due or within the grace period. We cannot cancel or refuse to renew the policy or place any restrictions on it if you pay your premiums on time.

PREMIUMS ARE SUBJECT TO CHANGE - We may change your premium rates by giving you at least 31 days prior written notice. We can change the premium this way only if we change it on a class basis for all policies and riders of this class in your state.

INITIAL PREMIUM

COVERAGE DESCRIPTION	BENEFIT (AMOUNT/UNITS/TERM)	PREMIUM
Heart Attack or Stroke Lump Sum Benefit	Amount: \$ _____	\$ _____
[Return of Premium Benefit Rider	<input type="checkbox"/> [15] [20] [25] Years <input type="checkbox"/> [Upon Death]	\$ _____]
[Intensive Care Benefit Rider	Units: _____	\$ _____]
[Therapy & Wellness Benefit Rider	Units: _____	\$ _____]
Annual Policy Fee: \$ 20.00		
TOTAL ANNUAL PREMIUM: \$ _____		

Filing note: Bracketed text is indicated for those benefit summaries/premium information lines which are being filed as variable. These benefits are not currently mandated to be offered and the Company reserves the right to discontinue marketing these riders in the future and therefore, removing them from this outline of coverage.

Guarantee Trust Life Insurance Company

Statement of Variability For:

Policy Forms: G1130 (Lump Sum Cancer) and G1131 (Lump Sum Heart Attack or Stroke)

Benefit Riders (NEW): RG11LSHAS (Lump Sum Heart Attack or Stroke)

Previously Approved Benefit Riders: RG10CTW (Therapy and Wellness); RG10IC (Intensive Care);

RG10ROP15, RG10ROP20, RG10ROP25 (Return of Premium after 15, 20, or 25 specified period);

RG10ROPD (Return of Premium Upon Death)

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The bracketing of variable text in Policy forms G1130 and G1131 is limited to the following:

1. PAGE 1 of the Policy – Variability is limited to the Policy Owner Name, Policy Effective Date , Policy Number, and signature of current President and Secretary of Guarantee Trust Life Insurance Company

Policy Schedule

2. Policy Number: Automatically assigned at the time policy is issued by the Company.
3. Type: Individual, Single Parent, Couple or Family
4. Effective Date: Date policy becomes effective – either of: (a) the date the application is signed or the date the applicant(s) are determined to have completed the company's underwriting process; or (b) the effective date requested by the applicant.
5. Name of Insured: Applicants name.
6. Age at Issue: Applicant's attained age
7. State of Issue: The state the Policy is issued in.
8. Mode Selected: Premium payment schedule selected by the Applicant. Limited to: Monthly, Quarterly, Semi-Annually or Annually
9. Spouse and Dependents: This section will show if additional family members are covered, such as spouse and children.
10. Policy Benefit Amount: \$5,000 per unit. Minimum Benefit of \$10,000. Available in increments of \$5,000, up to a maximum of \$75,000.
11. Annual Premiums: The annual premium for the type of plan issued (individual, single parent, couple or family) for the applicable Lump Sum Policy (G1130 or G1131) is shown.

The description and annual premium will be shown for any of the following optional benefit riders chosen by the applicant:

- a. Return of Premium Benefit Rider (15, 20, or 25 specified years or upon death) will be shown.
 - b. Therapy and Wellness Benefit Rider
 - c. Intensive Care Benefit Rider
 - d. Heart Attack or Stroke Lump Sum Benefit Rider (*Available with Policy Form G1130 only.*) Rider Benefit Amount: \$5,000 per unit. Minimum Benefit of \$10,000. Available in increments of \$5,000, up to a maximum of \$75,000.
12. Annual Policy Fee: \$20.00
 13. Total Premiums: Varies by age of the insured, benefit amount, riders included, and if the plan is individual, single parent, couple or family.

Rider RG11LSHAS – Heart Attack or Stroke Lump Sum Benefit Rider - Page 4 Rider Benefit Schedule

14. First Diagnosis Heart Attack or Stroke Lump Sum Benefit: \$5,000 per unit. Minimum Benefit of \$10,000. Available in increments of \$5,000, up to a maximum of \$75,000.
15. Coronary Angioplasty / Coronary Artery Bypass Surgery Benefit: \$500 per unit. Equivalent to 10% of Heart Attack or Stroke Lump Sum Benefit.

Rider RG10CTW – Therapy and Wellness Benefit Rider – Page 4 Rider Benefit Schedule

16. Health and Wellness Benefit - \$50 per unit / per year
17. Educational Services Benefit - \$50 per unit / per session
18. Hearing, Occupational, Physical and Speech Therapy Benefit - \$25 per unit / per day
19. Mental Health Benefit - \$50 per unit / per session
20. Healthy Lifestyle Benefit - \$25 per unit / per calendar year
21. Alternative Care Benefit
- a. Integrative Assessment and Education Benefit - \$75 per unit
 - b. Ameliorative Benefit - \$25 per unit / per visit
 - c. Lifestyle Benefit - \$25 per unit / per visit

Rider RG10IC – Intensive Care Benefit Rider – Page 4 Rider Benefit Schedule

22. Intensive Care Unit Confinement - \$150 per unit / per day*
23. Step-down unit confinement - \$75 per unit / per day. Equivalent to 50% of Intensive Care Confinement Benefit*
24. Intensive Care Unit Confinement Due to Motor Vehicle Accident - \$300 per unit / per day. Equivalent to two-times the Intensive Care Unit Confinement Benefit.*

* Benefits for items 22, 23 and 24 reduce by 50% at attained age 70.

Outline of Coverage Forms OCG1130 and OCG1130

25. The following riders and their respective benefit summaries and annual premium are optional and may be included within the outlines, or removed dependent upon the Company's marketing plan:
- a. Heart Attack or Stroke Lump Sum Benefit Rider (Form RG11LSHAS)
 - b. Therapy and Wellness Benefit Rider (Form RG10CTW)
 - c. Intensive Care Benefit Rider (Form RG10IC)
 - d. 15-Year Return of Premium Benefit Rider (Form RG10ROP15)
 - e. 20-Year Return of Premium Benefit Rider (Form RG10ROP20)
 - f. 25-Year Return of Premium Benefit Rider (Form RG10ROP25)
 - g. Return of Premium Upon Death Benefit Rider (Form RG10ROPD)

Application APPH2-11

26. Section B –
- a. Plan Type – Limited to the following: Individual, Single Parent, Couple, or Family.
 - b. Coverage (items 2 through 7): Dependent upon the Company's marketing plan: (a) either or both policy forms (Lump Sum Cancer and Lump Sum Heart Attack or Stroke) will be made available; (b) all benefit riders shown are variable, which means the Company reserves the right to include or remove their availability.
 - c. Premium Payment Mode: Effective Date, Draft Date. Variability of mode payment is limited to: Annual, Semi-Annual, Quarterly and Monthly. Variability of payment method (other than direct bill) is limited to bank draft and credit card.

Variability is limited to changing these portions only in context that remains compliant with state regulatory requirements. Any new benefit plans, riders, or premium rates will be filed with the state Department of Insurance before use. The Company reserves the right to discontinue marketing benefit riders not mandated under state law.



Theresa A. Tyc, Product Approval and Compliance
Guarantee Trust Life Insurance Company
August 22, 2011